



11. Have you ever been convicted of a crime? \_\_\_\_\_

If yes, explain giving dates: \_\_\_\_\_

\_\_\_\_\_

12. **Education:**

Schools Attended	Address	Years	Diploma or Degree

13. Experience: (Full particulars must be given and all time accounted for) list chronologically - last employer first.

a. Name and address of employer \_\_\_\_\_  
\_\_\_\_\_  
Position and kind of work \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

b. Name and address of employer \_\_\_\_\_  
\_\_\_\_\_  
Position and kind of work \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

c. Name and address of employer \_\_\_\_\_  
\_\_\_\_\_  
Position and kind of work \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

d. Name and address of employer \_\_\_\_\_  
\_\_\_\_\_  
Position and kind of work \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

14. Give five personal references who are not relatives, former employers, former employees or school teachers. Personal references should be at least (25) years of age, head of household or property owners, or business men or women, including your family physician or any person of good standing in the community who you have known well during the past three years.

a.	_____	_____
	Name	Number of years known
	_____	_____
	Residence Address	Telephone Number
	_____	_____
	Business Address	Telephone Number
b.	_____	_____
	Name	Number of years known
	_____	_____
	Residence Address	Telephone Number
	_____	_____
	Business Address	Telephone Number
c.	_____	_____
	Name	Number of years known
	_____	_____
	Residence Address	Telephone Number
	_____	_____
	Business Address	Telephone Number
d.	_____	_____
	Name	Number of years known
	_____	_____
	Residence Address	Telephone Number
	_____	_____
	Business Address	Telephone Number
e.	_____	_____
	Name	Number of years known
	_____	_____
	Residence Address	Telephone Number
	_____	_____
	Business Address	Telephone Number

15. PLEASE LIST ALL PREVIOUS ADDRESSES FOR THE PAST 10 YEARS

1. Address: \_\_\_\_\_

Dates: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Address: \_\_\_\_\_

Dates: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

3. Address: \_\_\_\_\_

Dates: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

4. Address: \_\_\_\_\_

Dates: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

5. Address: \_\_\_\_\_

Dates: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

16. You may indicate on the back of this sheet any experience or training that you have had or specialized ability which, in your opinion, may qualify you for this position.
17. Will you authorize us to ask your present employer about your work? \_\_\_\_\_

IF YOUR ADDRESS OR PHONE NUMBER CHANGES AFTER FILING THIS APPLICATION, IT IS YOUR RESPONSIBILITY TO NOTIFY THE FIRE CHIEF'S OFFICE (304-348-8137) OF THE CHANGE. FAILURE TO NOTIFY THIS OFFICE COULD FORFEIT YOUR APPLICATION FOR EMPLOYMENT.

I hereby certify, under penalty of law, that the information contained in the attached application is true, correct, and complete to the best of my knowledge and belief. I am aware that should an investigation at any time show any such misrepresentation or falsification, my application will be rejected, my name will be removed from the eligibility list or I will be dismissed from service. Further, I also authorize the Charleston Fire Department to make all necessary and appropriate investigations to verify the information contained and to verify my transcripts as needed with the appropriate university or college, concerning my achieved education.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**TEST DATE March 9, 2020**

**6:00 PM**

**Charleston Coliseum & Convention CENTER**

## CONSENT AND RELEASE OF LIABILITY FORM

I hereby give my consent to the Charleston Fire Department and the Firemen's Pension and Relief Fund of the City of Charleston, or their designated persons, to conduct complete background investigations. I understand that such investigations may include but not be limited to such items as the following:

- a. Criminal records of any government agency.
- b. Felony conviction records of any government agency.
- c. Conviction of a misdemeanor offence involving larceny false swearing, gambling or other crimes indicating questionable moral character.
- d. Habitual use or abuse of alcohol or drugs.
- e. Verification of the applicants answers to the employment application.
- f. Verification of high school diploma or G.E.D.

I also understand that this document shall serve as a notice and release of all liability to any government agency or subdivision thereof, or participant, that provides official records concerning myself or statements I have made.

I understand that this criteria is lawful, reasonable and necessary for the selection process. I am not under any physical or mental strain or impairment that would influence my signing this document.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

\* Applicant must furnish the Charleston Fire Department with copies of the following items:

- Birth certificate with state seal
- Valid driver's license
- High school diploma or G.E.D. equivalent
- Transcripts of college credits and/or degree, if applicable
- DD Form 214 Military Discharge Papers, if applicable
- Paramedic or Advanced Care Technician certification, if applicable